DOUBLE	Teaneck	nship of Teaneck Recreation Department	
SIDED	250 COLONIAL	- Court—Teaneck, NJ—07666	CIDED
Ki	nd Fal	ergy 12020	'W E
* <u>Course At A C</u>	LANCE*	* <u>Course Ove</u>	RVIEW*
WHO: Children ages 3 & 4		The Teaneck Recreation Department is	pleased to offer Kindergym as
WHEN: Tuesdays: 3:30-4:15 Fridays: 11:15am-1:	2:00noon	part of our fall session. Kindergym is a movement class special designed for 3 and 4 year-olds to help develop balance, coordination at teamwork skills. By playing movement games, children will improve the motor skills, increase their self-confidence and learn to follow direction (Some small props, that will be disinfected prior to each use, will	
Class will meet once a we (Unfortunately, this session cannot accor		used.)	
WHERE: Votee Park Band Shell	I	Classes will be taught by Kerri Mathe danced professionally in the NYC area for	or over 30 years. As a long time
FEE: \$60 (Teaneck residents o	nly)	member of the modern repertory com Theatre, she toured the united State	es and abroad.
* <u>Please Note</u> * Children <u>MUST B</u> September 21 or they cannot program. As this is a public area, on the premise while your child is sure your child uses the bathroom I	be accepted into the we suggest you remain in class. Please make	Kerri currently teaches modern danc movement at Nunnbetter Dance Theatre where she helps to produce and direc Jersey's largest <i>Nutcracker</i> ballet every Ms. Mather holds a BFA in dance perfor University of Illinois: Champaign-Urbana.	e in Bergenfield, ot Northern New holiday season.
	COVID-19	SAFETY MEASURES	
maintaining social di	istance. There will be	I CDC Guidelines. Participants must a COVID-19 screening prior to the s eck and a COVID-19 symptoms que	start of every class
For more information or if special accommodations are needed, please call us at (201) 837-7130 ext. 1.	* <u>Registra</u>	TION PROCEDURES*	Send your form & proofs to: Teaneck Recreation Department 250 Colonial Court Teaneck, NJ 07666
Complete the registration form or passport) and Proof of Reside your forms or utilize the drop-bo notified of class availa Only one ap	below with Proof of Age ence (copy of parent's ox in the Rodda Center ability via phone and giv oplicant per form; pleas	EANECK RESIDENTS ONLY): Beginn e (if the child has never participated su New Jersey Driver's License, current ut lobby. <u>DO NOT INCLUDE PAYMENT</u> with ven 48 hours to bring payment to the a se <u>do not</u> put <i>multiple</i> names on the sa e all of their applications in <u>one envelop</u>	inch as copy of birth certificate cility bill, etc.) You may mail us h your application; you will be idministrative office.
		TRATION FORM - KINDER THE PROVIDED INFORMATION BELOW TO CO	
Child's Name:		Gender: [Date of Birth:
Address:	e not a Teaneck resident)	Primary Phone:	
*Email: *Please provide a current email address to	stay up-to-date with any course	e changes or cancellations.	ne:
Does your child need a modificati	on because of a disabili	ity/special need to enjoy this program?	yes or no (please <u>circle</u> one)
contact the Recreation office in writing.	eation Department employee	to be use for publicity purposes. If you have any qu	uestions, concerns, or objections please

Township of Teaneck

Liability Waiver

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in all recreation activities, the undersigned acknowledges, appreciates and agrees that:

- 1. The risks of injury and illness (ex: communicable diseases such as MRSA, influenza and COVID-19) from the activities involved in this program are significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist, and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I have reviewed and will adhere to all of Governor Murphy's Executive Orders including Executive Order #149, the Center for Disease Control and Prevention (CDC) guidelines and the New Jersey Department of Health guidelines for COVID-19 in all respects while using municipal facilities or participating in municipal activities, and,
- 5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS Township of Teaneck, their elected officials, commissioners, officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS,
- 6. DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

Participants Name_____ Participants Signature

Date Signed_____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of the activity and his/her responsibilities for adhering to the rules and regulations. I for myself, my spouse and child/ward do consent and agree to his/her release provided above for all the Releases and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's/ward's involvement or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name	Parent/Guardian Signature
Date Signed	Emergency Phone Number